

About Melanesia



Medical
Work
in
Melanesia

“D O tell us something about the *MEDICAL WORK* that is being done in the Islands where the Mission is working.”



This is a request often made, and one which the following is an attempt to answer

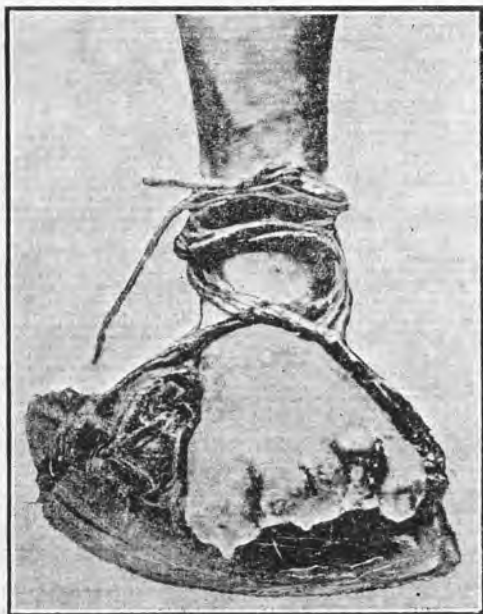
To begin with, it is probably news to most people that medical work is done by every member of the Melanesian Mission Staff in the Islands; they devote as much time to it as their bent and opportunity allow. But the reader will naturally ask, “What sort of medical work do they do?”

The natives suffer from several diseases which are not known in a temperate climate—malaria, filariasis, hookworm, dysentery, tropical ulcers, etc. In addition, they

suffer from many of the diseases which are familiar to us; and these latter, some of which have been introduced by the white man, appear in the natives in a very virulent form. Patients, therefore, of all sorts come to the missionary; he becomes an amateur doctor through force of circumstances, just as the professional doctor may have to depute for the priest from time to time in conducting church services. Some of the mission stations have dispensaries—small or large according to their needs—and at regular fixed hours the sick come to them for relief; but in addition to this all over his district the priest, layman or laywoman will constantly find need to use his medicine chest.

To give the reader a closer view of this medical missionary work, let us take a trip across to the Island of Malaita (Mala). At the north end of it, at the bottom of Coleridge Bay (Qarea), is the Mission Hospital of the Epiphany—Fauabu (Holy Stone). In 1928, when a landing was first made, all was uncleared bush and grass, and the only remains of a village which once stood there was the framework of the old church and the upturned clamshell which had been used in it as a font. An old building from Maravovo—the building used many years ago by the Mission's last medical officer—was moved across to Mala, and in May, 1929, the medical officer and his wife took up residence there. They were shortly joined by two carpenters, and by the end of 1929 two nursing sisters had taken up their residence in a temporary house, which afterwards was turned into a store.

In these primitive conditions the present hospital



LEPROSY: Note the ingenious rest for the foot

work began; at first the verandah was used as the hospital, and afterwards a small shack was utilised till the temporary buildings were erected. The first permanent building was the medical officer's house; then the sisters' house and a small place for the carpenter. All of these were, of course, essential before the erection of the main hospital buildings could

be proceeded with. As everyone knows, the white staff must be properly housed if they are to stand up against the climate. The old house from Maravovo was then converted into a white patients' ward and a temporary operating theatre; meanwhile, detailed plans for the actual hospital buildings were being made, and work was commenced on the central building. This building, which is now completed, is divided by partitions into three rooms; the front one forms the dispensary and laboratory, the centre one the sisters' storeroom for linen, blankets, etc., and the rear one, the sterilising room, is also used as a temporary out-patient department. Behind this building is the laundry and the kitchen—the former complete with coppers. To the left of the central building is the Welchman Ward for men, and behind this ward is a wash-house, fitted with showers, etc.

A second Ward, known as the Blake Ward, has recently been completed, and two further Wards are now finished. These Wards each contain twenty beds.

The entire control of this hospital is in the hands of one capable English doctor. He has with him several nursing Sisters—two efficient white builders and some native "boys." In addition to this hospital there is a growing Leper colony, a few minutes' walk away at Qaibaita, where about twenty lepers reside.

Water is laid on to the hospital from a waterfall, which might easily be used to work a dynamo, if only such a thing were obtainable. Main drainage and W.C.'s are installed. Everything is as up-to-date as these splendid amateurs can make it, and the whole establishment is well adapted to local needs. The little wooden wharf at the landing place is a great asset to this mission station.

A Day at the Hospital.

6 a.m. Sisters and orderlies go to the hospital; short prayers are said in the ward; the patients are washed; temperatures taken, medicines and dressing administered; the wards are cleaned; the doctor goes to his office; the work boys, who have already breakfasted at 5.30 a.m., are directed to their work by the carpenter—their job consists of carting shingle or sand for concrete work, gardening, clearing the building site, making roads, etc.

On Holy Days short morning prayers are said in the chapel before the rounds. Just recently a priest has been stationed at the hospital to care for the spiritual welfare of the many natives who pass through the medical officer's hands. This is a great boon.

7.30 a.m. Breakfast for white staff.

8 a.m.-} Orderlies' and patients' breakfasts.

9 a.m. }

8.30 a.m. Medical officer's rounds, followed by an "out patients," "needles" (injections) on Wednesdays and Fridays; the lepers are treated on Mondays and Thursdays; operations on Tuesdays.

11 a.m.-} Work boys have dinner and rest.

1 p.m. }

12 p.m.- Patients, orderlies and whites have lunch, and
2 p.m. rest; medicines are given out.

2 p.m.-} Orderlies' playtime (twice a week).

3 p.m. }

3.30 p.m. Evening temperatures are taken, medicines are given and dressing seen to.

5 p.m. Ward prayers, followed by baths for staff.

6 p.m. Dinner.

7 p.m. Evensong, followed by night rounds.

Often there are cases which need "specialising," and a boy has to be put on night duty—sometimes it may be a sister, or even the medical officer himself.

The orderlies are drawn from different islands, with the intention that they shall stay for a two years' course, and then return to their own village homes, or perhaps to other islands. Some stay perhaps longer; the present head orderly, JOHN PATTESON NANA, is so far pro-



ficient that he is allowed to give intravenous injections.

Frequently a call comes from some neighbouring village involving a walk or canoe trip to see a sick man; it generally

leads to the order, "Bring him to the hospital," though often it is too late to do anything for him. But teaching will improve this. The filth and



darkness of the average native house must be seen to be realised and understood, and it takes years and years to inspire the natives with a desire for light, cleanliness and fresh wholesome air.

Frequently much help can be given to those who need glasses; but there are difficulties, as the native usually answers questions as he thinks one wants him to—a little failing not unknown in less tropical countries!

But, as mentioned above, the hospital is not the only place where medical work is carried on in Melanesia. Every member of the staff has some knowledge of elementary medical

work, and can supplement the work of the hospital in his own area. The Rev. G. and Mrs. Warren, for instance, who are in charge of the large school at Maravovo, have a school dispensary. The Rev. A. and Mrs. Mason, of Fiu, Malaita, carry out a great deal of simple medical work. Mrs. Sprott, stationed on the island of Bugotu, is another keen worker. The Rev. R. C. Rudgard has a school dispensary, and Mr. and Mrs. Freshwater, stationed there, do a considerable amount of treatment for "island sores," etc. But it is unwise to mention any individual names, because every member of the staff is called upon to do similar work—and does it right well.

Typical Cases.

KATHLEEN was a child, some three years old, when she was first seen at Siota, the mission headquarters, in 1928. She had a hump back, caused, as it was said, by being beaten by her grandmother with a bamboo. As she became worse she was taken to the hospital and was cared for there for many months, eventually returning to her native village much better; she was able to walk quite well—a thing which was quite impossible when she was admitted to the hospital.



TYPICAL "ISLAND SORE."

MYRTLE, a woman of twenty-five from Foodo, with a sore on her leg which she had had for eight years, and neither native nor other medicines would heal it. She came to the hospital, where an operation was performed for the removal of dead bone. A slow but healthy healing took place, and she is now completely cured. This was a particularly interesting case, for a number of other natives waited to see how the patient progressed before they would themselves venture to seek the help of the white man and his hospital. Great surprise was created in the

village by the safe return of the girl completely cured.

KAKU was a boy of fourteen years with double pneumonia. He was ill for a week in his own village before he came to us too late, and died. It is terribly difficult to get them to the hospital, in cases of pneumonia, before it is too

late. Pneumonia is a terrible scourge among the natives of Melanesia.

A LEPER. The following is a typical case of leprosy, told in the words of the medical officer himself:—"One day I was told that a patient was waiting to see me; I looked at him—
"dirty, covered with sores, most
"of his toes and fingers gone,
"and even part of his feet—he
"was just able to walk with the
"aid of a stick—flies all round
"him—heathen—ghastly, filthy,
"dreadful.

"He had walked twenty miles
"from the middle of the island,
"along mere bush tracks, as he
"had heard that there was medicine for his disease. We can help him, but he is too far advanced for the treatment to be more than palliative. What we want is the young leper. The question of leprosy is a most serious one, and one that it is imperative should be taken in hand with the greatest resolution, without delay. There are, as far as one can learn, many cases. Something on big lines must be done *now*; it is useless waiting for several years, as leprosy will increase, and the cost of treatment with such a number will be much more. Compulsory legislation would defeat itself as it has in other parts of the world. What is wanted is to *attract* the young leper, and to deal with the case in its early stages, where there is really a chance of a cure, or at least arrest of the disease. A great problem in Melanesia is the need of transport facilities—there are so many islands. A launch is badly needed for use at the hospital."



A CASE OF YAWS.

SELWYN SALIMANI. Here is a boy of ten—with rupture—an operation put this right; a baby of two was cured similarly.

AUI suffered from a tubercular spine, and somewhat similar to Kathleen (quoted on page 6). In this case a large abscess had to be opened up close to the spine; when this eventually healed up the back became much straighter. His parents then moved to the other side of the island and took our little patient with them. Eighteen months later he was seen, certainly more deformed, but the disease had been arrested. He was a lovable little fellow. His father is a leper.

and is being treated as an out-patient of the leper hospital at Qaibaita, mentioned above.

A GIFT FOR HELEN. "And who is HELEN?" you ask, Not long ago we had a pathetic story of a little native child completely and permanently crippled through the epidemic of infantile paralysis.

Sister Margaret recently wrote: "She is a sweet little person, about eight years of age, of the name of Helen. "When she goes back to her village, she'll never go out, "unless she has *wheels* of some sort."



HELEN.

A push-cart of some description was needed. An appeal was made in Auckland, with the result that a member of St. Andrew's Parish, Epsom, sent a strongly made push-cart for the little one in the Solomon Islands. Probably the kind donor, and others, little realise what this gift will mean. Instead of being condemned to crawling about the native hut, this child will soon be able to be taken about by her parents, enjoy the sunshine and see something of the life of the village. Those of us who know something—however little—of native life in Melanesia, will be able to realise what joy this gift will bring.

Sister Margaret acknowledges the gift: "Perhaps the "unknown benefactor would like this snapshot of little Helen "together with Sister Helen Leisham, who, by daily massage, "did so much for her. They even had an attempt at crutches, "but it was no use. Helen could not even stand with them, "let alone walk, unless the nurse was holding her all the "time. But the child's hands improved wonderfully, and in "school she was the brightest pupil we have ever had. It "was very beautiful to see the delight of everybody when "Helen was given her cart. Every man, woman and child "came to see her go out in it the first time, and expressed as "much pleasure as if it were their own."

Then, too, there are the victims of cancer, consumption, and other white men's diseases; left to themselves nothing will be done, so your help, both in prayer and offerings, is badly needed.